



*Louisiana Legislative Women's Caucus
Speakers Bureau*

NOTE: Please allow four to six weeks for processing. Email completed form to llwc@legis.state.la.us or fax to the Women's Caucus Office at 225.342.9854. Should you have any questions please contact our office at 225.342.0334.

| SPEAKERS REQUEST FORM | | |
|--|----------------------------|------|
| PERSONAL INFORMATION | | |
| Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Email Address: | | |
| Phone: | Cell: | |
| Organization: | | |
| EVENT INFORMATION | | |
| Event Address: | | |
| City: | State: | Zip: |
| Date of Event: | | |
| TYPE OF EVENT (Please select all that apply) | | |
| <input type="checkbox"/> Meeting | | |
| <input type="checkbox"/> Conference | | |
| <input type="checkbox"/> Announcement/Press Conference | | |
| <input type="checkbox"/> Media Interview | | |
| <input type="checkbox"/> Reception | | |
| <input type="checkbox"/> Luncheon | | |
| <input type="checkbox"/> Dinner | | |
| <input type="checkbox"/> Fundraiser | | |
| <input type="checkbox"/> Rally or Parade | | |
| <input type="checkbox"/> Other | | |
| Please explain: _____ | | |
| Start Time: | End Time: | |
| EVENT DESCRIPTION | | |
| Please describe the basic nature and purpose of the event. | | |
| How many people do you expect to attend this event?: | | |
| Do you plan to invite media to cover this event?: | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| SPONSOR INFORMATION | | |
| Group Sponsoring Event: | | |
| Sponsor Contact: | Sponsor Contact Telephone: | |
| Website Address: | | |